

State of Idaho
Department of Water Resources

APPLICATION FOR RENEWAL - WELL DRILLING COMPANY'S LICENSE

This application must be signed by the Principal Driller

1. Name of Drilling Company: _____

Drilling Company License No. _____

2. Principal Driller of Drilling Company:

Last Name: _____ First Name: _____ Middle Name or Initial: _____

Primary business mailing address and phone numbers for Principal Driller:

Street address or P.O. Box _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____ Mobile/Cell (____) _____

3. Drilling Company Owner (if different from Principal Driller): _____

Street address or P.O. Box _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____

4. The Drilling Company's Bond Amount is (\$5,000 - \$20,000): _____

ATTENTION: ALL bonds must be completed on forms provided by the Department of Water Resources - this includes the Well Driller's Bond Continuation Certificate. Therefore, be sure to provide your bonding company with the Department's bond forms. These forms are also available on the Department's website at: <http://www.idwr.idaho.gov>

All Licensed Drillers employed by the Drilling Company are bonded by:

() Surety Bond

Name of Bonding Company _____

Street Address or PO Box of Bonding Company _____

City _____ State _____ Zip Code _____

Phone (____) _____

() Cash Bond

Name of Banking Entity _____

Street Address or PO Box of Banking Entity _____

City _____ State _____ Zip Code _____

Phone (____) _____

5. The Drilling Company intends to operate the following well drilling rigs (attach extra sheet if necessary):

Type	How Many	Year	Make	Model
Air Rotary				
Auger				
Cable Tool				
Core Drill				
Direct Push				
Jetted				
Mud Rotary				
Reverse Circulation				
Sonic Vibration				

6. Licensed Drillers - List in the space provided below: The name, address and phone number of the proposed Licensed Driller(s) who will be covered by the well driller's bond; and be responsible for oversight of all drilling operations for your drilling company and the approval of Well Driller's Reports. Do NOT use the company's address unless that individual is living at that address.

LIST OF PROPOSED LICENSED DRILLERS EMPLOYED BY THE DRILLING COMPANY AND COVERED UNDER THE WELL DRILLER'S BOND			
Principal Driller's Name (same person as listed on page 1):		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:

7. Class II and Class I Operators: List in the proper spaces provided below the name, address and phone number of the proposed Class II and Class I Operators (attach extra sheet if necessary). Do NOT use the company's address unless that individual is living at that address.

LIST OF PROPOSED CLASS II OPERATORS			
Individuals who held an Operator's Permit under the old Rules are now referred to as Class II Operators.			
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:

LIST OF PROPOSED CLASS I OPERATORS			
These individuals have not held an Operator's Permit in Idaho in the past. A completed application and fee is required to be submitted to the Department, but no exam is required.			
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:

8. CERTIFICATION:

ATTENTION: READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for revocation or refusal to renew the Well Drilling Company's License. All statements made are subject to investigation.

I certify that the Drilling Company will comply with the Idaho Statutes and Department Rules.

I certify that all Well Driller's Reports covering wells drilled and completed under the Well Drilling Company's License have been submitted to the Department of Water Resources as required by Section 42-238, Idaho Code.

I certify that all of the statements made in this application are true and correct to the best of my knowledge.

(Date) (Signature of Principal Driller)

Fee \$ _____ Receipt No. _____ Received by _____ Date _____